2 3 RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT 5 NORTHERN DISTRICT OF CALIFORNIA 6 7 8 UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA. 9 JOSE L. JIMENEZ. 10 11 Plaintiff, 12 VS. APPLICATION TO PROCEED B. CURRY, et al.. 13 14 Defendant. 15 I, Jose L. Jimenez , declare, under penalty of perjury that I am the 16 17 plaintiff in the above entitled case and that the information I offer throughout this application 18 is true and correct. I offer this application in support of my request to proceed without being 19 required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am 20 entitled to relief. 21 22 In support of this application, I provide the following information: Are you presently employed? Yes ____ No X___ 23 24 If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer: 25 Net: 26 Gross:

Employer: _

27

28

	If the answer is "no," state the date of last employment and the amount of the gross and net		
. 1	salary and wages per month which you received. (If you are imprisoned, specify the last		
	place of employment prior to imprisonment.)		
?	4 <u> </u>		
5	5		
6	5		
7	2. Have you received, within the past twelve (12) months, any money from any of the		
8	following sources:		
. 9	a. Business, Profession or Yes No _xx		
10	self employment		
11	b. Income from stocks, bonds, Yes Noxx		
12	or royalties?		
13	c. Rent payments? Yes No _xx_		
14	d. Pensions, annuities, or Yes No <u>xx</u>		
15	life insurance payments?		
. 16	e. Federal or State welfare payments, Yes No _xx		
17	Social Security or other govern-		
18	ment source?		
19	If the answer is "yes" to any of the above, describe each source of money and state the amount		
20	received from each.		
21			
.22			
23	3. Are you married? Yes No _xx		
24	Spouse's Full Name:		
25	Spouse's Place of Employment:		
26	Spouse's Monthly Salary, Wages or Income:		
27	Gross \$ Net \$		
28	4. a. List amount you contribute to your spouse's support:\$		

1	b. List the persons other than your spouse who are dependent upon you for			
2	support and indicate how much you contribute toward their support. (NOTE:			
3	For minor children, list only their initials and ages. DO NOT INCLUDE			
, 4	THEIR NAMES.).			
5	NONE			
6				
7	5. Do you own or are you buying a home? Yes No _xx			
8	Estimated Market Value: \$ Amount of Mortgage: \$			
9	6. Do you own an automobile? Yes Noxx			
10	Make Year Model			
11	Is it financed? Yes No If so, Total due: \$			
12	Monthly Payment: \$			
13	7. Do you have a bank account? Yes No xx (Do not include account numbers.)			
14	Name(s) and address(es) of bank:			
15				
16	Present balance(s): \$			
17	Do you own any cash? Yes No _xx Amount: \$			
18				
19	market value.) Yes No xx_			
20				
21	8. What are your monthly expenses?			
22	Rent: \$ 0.00 Utilities: \$ 0.00			
23	Food: \$ 0.00 Clothing: \$ 0.00			
24	Charge Accounts:			
25	Name of Account Monthly Payment Total Owed on This Acct.			
26	\$ 0.00 \$ 0.00			
27	\$ <u>0.00</u> \$ <u>0.00</u>			
28	\$9. Do			
11				

S. APP. TO PROC. IN FORMA PAUPERIS, Case No.

1	you have any other debts? (List current obligations, indicating amounts and to whom they are				
2	payable. Do <u>not</u> include account numbers.)				
3	NONE NONE				
4	1				
5	5 10. Does the complaint which you are seeking to file raise claims that have been presented				
. 6	in other lawsuits? Yes No XX				
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in				
8	which they were filed.				
9	· · · · · · · · · · · · · · · · · · ·				
10					
11	I consent to prison officials withdrawing from my trust account and paying to the court				
12	the initial partial filing fee and all installment payments required by the court.				
.13	I declare under the penalty of perjury that the foregoing is true and correct and				
14	understand that a false statement herein may result in the dismissal of my claims.				
15					
16	May 12. 2008 JOSA Jimenes				
17	DATE SIGNATURE OF APPLICANT				
18					
19					
20					
21					
22					
23					
24					
25					
26					
.7 .8					

.IS. APP. TO PROC. IN FORMA PAUPERIS, Case No._____

case Number:	Case	Number:
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CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached	hereto is a true and correct copy of
the prisoner's trust account	statement showing transactions of
Jimenez, Jose L. [prisoner name]	for the last six months at
CTF-Soledad [name of institution]	where (s) he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 8.33 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 39.19.

Dated: 5/14/08

Islanda Chang Accountant I Specialist
Authorized offices of the institution

Correctional Training Facility
P. O. Bom 868
(S Mileo H of Seledad on US 101)
Meladad. California 93880
ATN: Trust office

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST: 5 | 14 | 06 CALIFORNIA DEPARTMENT OF CORRECTIONS

BY TRUST OFFICE

TRUST OFFICE

REPORT DATE: 05/14/08 PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS CTF SOLEDAD/TRUST ACCOUNTING INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

14, 2008 PERIOD: DEC. 15, 2007 THRU MAY FOR THE

JIMENEZ, ACCOUNT NUMBER : E49850 ACCOUNT NAME : PRIVILEGE GROUP:

BED/CELL NUMBER: CFFWT200000237U ACCOUNT TYPE: I JOSE LUIS

TRUST ACCOUNT ACTIVITY

63.50 113.50 120.00 BALANCE WITHDRAWALS 56.50 50.00 CHECK NUM DEPOSITS 1896 ML 1960 68999 01/14 FC01 DRAW-FAC 1 2189 ML 02/23 W514 VISION CARE.C 2728 OPTIC COMMENT BEGINNING BALANCE DRAW-FAC 1 CASH DEPOSIT FOR 2008 DESCRIPTION 12/17 FC01 1 12/21 D300 0 ACTIVITY 1 CODE 12/15/2007 DATE

63.50 50.00 63.50

TRUST ACCOUNT SUMMARY

TRANSACTIONS TO BE POSTED BALANCE HOLDS CURRENT

WITHDRAWALS

DEPOSITS

TOTAL

BEGINNING

BALANCE

50.00

120.00

TOTAL

00.00 00.0 BALANCE

0.00

AVAILABLE BALANCE CURRENT

00.0

CALIFORNIA DEPARTMENT OF CORRECTIONS THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE ATTEST: 5//4

THUST OFFICE

7. 0. Box 686

(5 Miles M of Soledad on US 101) 93.960

Woladad. California ATTN: Trust Office

Correctional fraining Radittey

.701 REPORT ID: TS3030